

Name  
in  
Full

Dorsey Ayers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hope Hill		County Frederick		MARYLAND	
Date of death 190	5	Month Oct	Day 12	Age 40	Years -	Months -	Days 8
Sex	Male		Color or Race	Colored		Birth- place	md
Married, Single or Widowed	Married			Occupation			Laborer
Name of Wife or Husband				Mittie Ayers			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Crushed Skull		How long	4 hr.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
Accident or Suicide?		Accident	T. Clyde Bruns Buckey, Ohio	



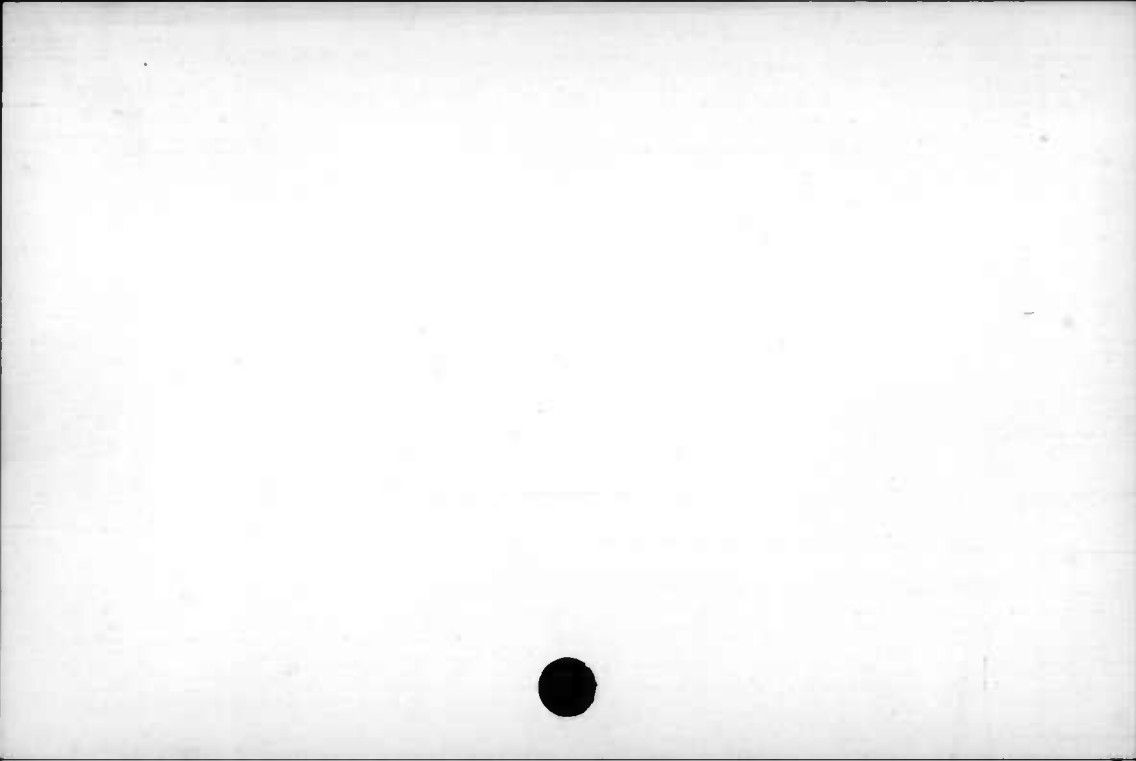
Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

Died at <i>M. C. Haig</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		<i>31</i> <small>Months</small>		<b>MARYLAND</b> <small>Days</small>	
Date of death <i>1905</i> <small>Month</small>		<i>Oct.</i> <small>Day</small>		<i>13</i> <small>Years</small>		<i>53</i> <small>Months</small>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Merchant</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

Primary	<i>Aortic Stenosis</i>	How long	<i>79</i> ✓
Immediate	<i>Died suddenly</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Hoppins Jr. M.D.</i>	
		Address <i>New Market</i>	
Accident or Suicide? <i>no</i>		<i>Fredk. Co., Maryland</i>	



Name  
in  
Full

Savilla Bowman

## CERTIFICATE OF DEATH

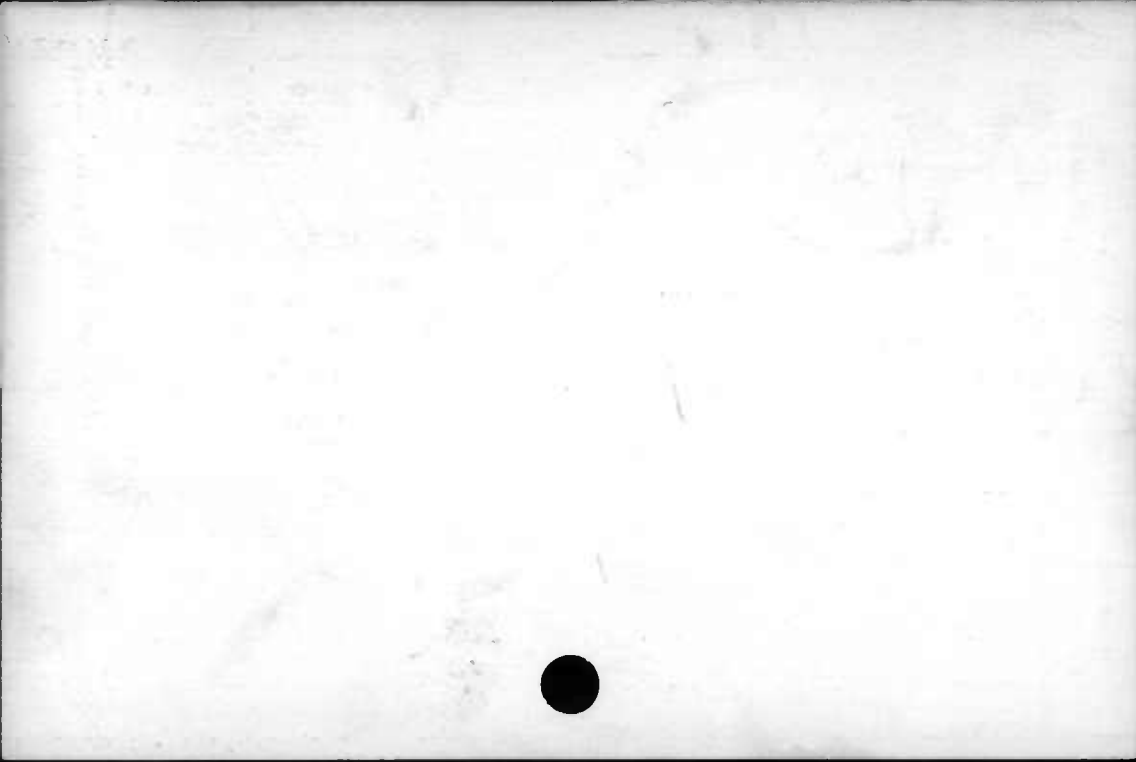
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Sabillasville		County Frederick		MARYLAND	
Date of death	1905	Month October	Day 20	Age	Years 79	Months X	Days 7
Sex	Female		Color or Race	White		Birth- place	X
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart disease & dropsy		How long	Two months	
Immediate	Kidney degeneration		How long	" "	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	C. L. Hatcher	
			Address	Sabillasville Md	
Accident or Suicide?					



Name  
in  
Full

Harriet Brandenburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harmony</i>		Town <i>Harmony</i>		County <i>Frederick</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>October</i>	Day <i>31st</i>	Age <i>74</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Housekeeper</i>	Where Residing if not at place of death <i>Harmony</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Single</i>						
Father's Name <i>Not known</i>	Father's Birthplace <i>—</i>						
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>—</i>						
Name of person giving information <i>Ralph Brandenburg</i>	How related to deceased <i>Nephew</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Arterial sclerosis</i>	How long <i>8 years</i>
Immediate <i>Apoplexy</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Ralph Browning</i>
	Address <i>Myersville, Md.</i>
<u>Accident or Suicide?</u>	





Name  
in  
Full

Charles Lewis Brust

## CERTIFICATE OF DEATH

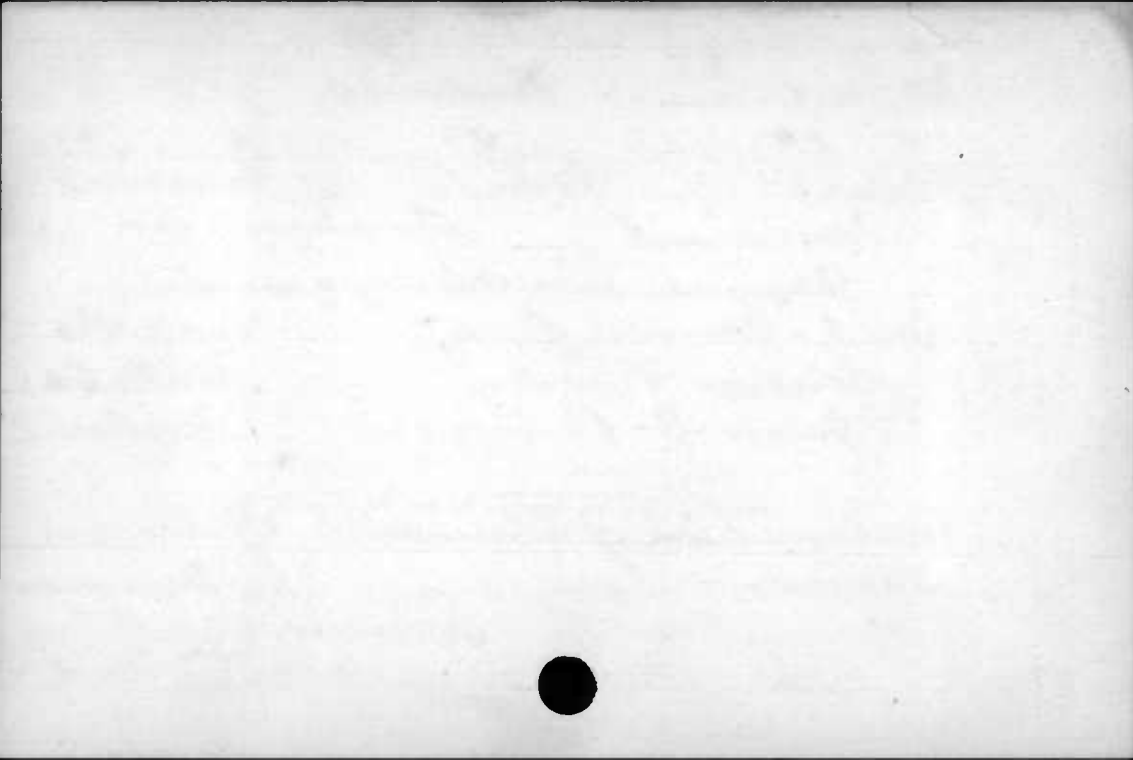
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Indenrich</i>		<sup>County</sup> <i>Indenrich</i>		MARYLAND	
Date of death	1905	Month	10	Day	9
Age	39	Years	9	Months	9
Sex	Male	Color or Race	White	Birth-place	Indenrich Md
Occupation	Rail Road Fireman		Where Residing if not at place of death		
Married, Single or Widowed	Marrried	Name of Wife or Husband	Priscilla C Robert		
Father's Name	Casper Brust			Father's Birthplace	—
Mother's Maiden Name	Sarah Haberkorn			Mother's Birthplace	—
Name of person giving information	Mrs Priscilla C Brust			How related to deceased	Wife

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Obstruction of the Bowels.	How long	2 or 3 days.
Immediate	General Peritonitis.	How long	Long days.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. B. Johnson
		Address	Indenrich Md.
Accident or Suicide?			



Name  
in  
Full

Mary Elizabeth Buzzard

CERTIFICATE OF DEATH

Town

County

Died at

Middleton

Frederick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

10

17

Age

51

11

24

Sex

Female

Color or  
Race

White

Birth-  
place

Frederick Co

Married, Single  
or Widowed

Married

Occupation

Housewife

Name of Wife or  
Husband

James O. Buzzard

Father's  
Name

Abel Warrenfeltz

Father's  
Birthplace

Frederick Co.

Mother's  
Maiden Name

Susan Rudy

Mother's  
Birthplace

Frederick Co.

Name of person giving  
Information

James O. Buzzard

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Ulceration of Stomach

How long

13 Years

Immediate

Hemorrhage

How long

12 Years

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

E. Herbert Beckley

Address

Middleton Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Carty Joseph.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	<i>1905</i>	Month <i>10</i>	Day <i>31</i>	Age <i>91</i>	Years <i>10</i>	Months <i>6</i>	Days
Sex <i>male</i>	Color or Race <i>Caucasian</i>		Birth-place <i>Canton Md.</i>				
Occupation <i>Farmer.</i>	Where Residing if not at place of death <i>"Poplar Terrace"</i>						
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Polly Repp (decd)</i>						
Father's Name <i>Joseph Carty</i>	Father's Birthplace <i>Canton Md.</i>						
Mother's Maiden Name <i>_____</i>	Mother's Birthplace <i>_____</i>						
Name of person giving information <i>Mrs M. Brider (daughter)</i>	How related to deceased <i>daughter</i>						

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cardiac Insufficiency</i>	How long <i>3 years or more</i>
Immediate <i>Asthma</i>	How long <i>30 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. J. Fahney Md.</i>
	Address <i>Frederick Md.</i>
Accident or suicide? <i>_____</i>	

M. Q.

Fr. Schneider

Nov 2/05

Name  
in  
Full

Heath Levenson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Montrose Hospital</i>		Town <i>Montrose</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1905-</i>	Month <i>Oct-</i>	Day <i>1<sup>th</sup></i>	Age <i>80</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race		Birth-place				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information			How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Miliary Tuberculosis</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. S. Lysons</i>
	Address <i>Frederick</i>
Accident or Suicide?	<i>Med</i>





Name  
in  
Full

Margaret Chase

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Baltimore		County Md		MARYLAND	
Date of death 1905	Month Oct	Day 17	Age 1	Years 1	Months —	Days 6	
Sex Female	Color or Race Colored		Birth- place Md				
Married, Single or Widowed Single			Occupation —				
Name of Wife or Husband							
Father's Name Geo Chase				Father's Birthplace Md			
Mother's Maiden Name Nettie Wheeler				Mother's Birthplace Md			
Name of person giving In formation Hoyt Chase				How related to deceased Uncle			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Marasmus	How long	4 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		T. O. DePoulin	
		Address Buckley, Md	
Accident or Suicide?			



Name  
in  
Full

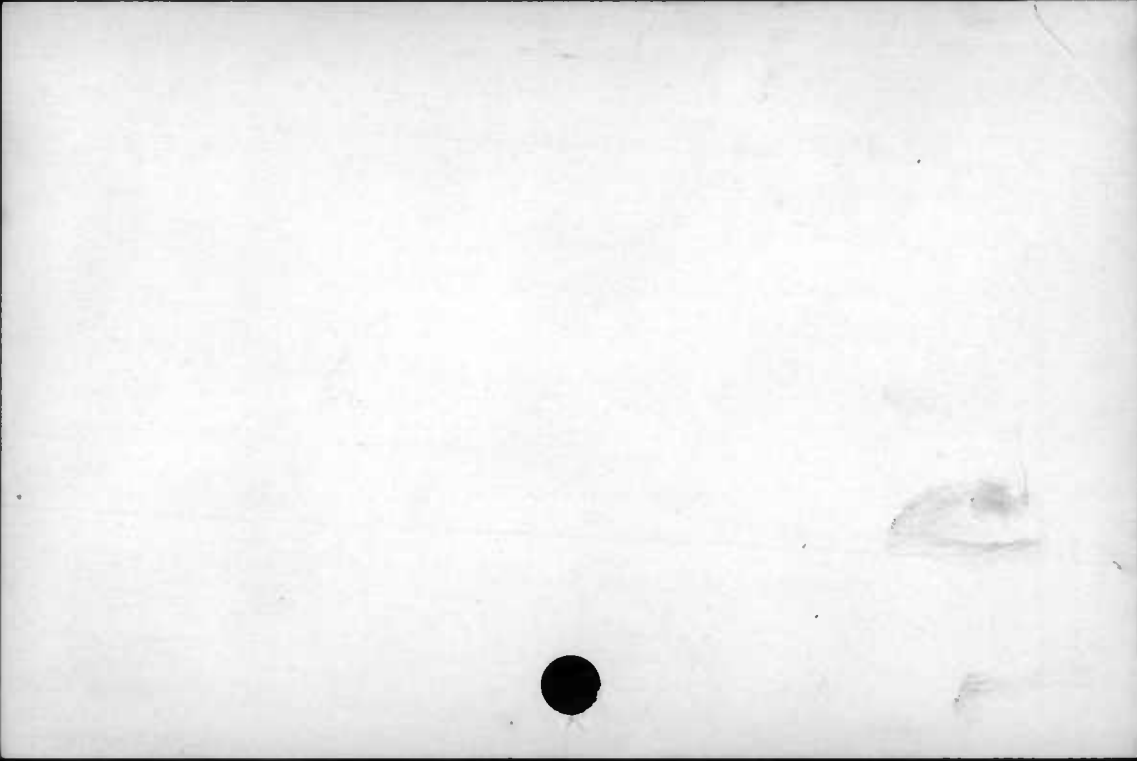
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mary Magdaline Derr</i>		Town <i>Middletown</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Middletown</i>		Month <i>Oct</i>		Day <i>4</i>		Years <i>80</i>	
Date of death <i>1905</i>		Months <i>11</i>		Days <i>8</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband					
Father's Name <i>Samuel Gast</i>		Father's Birthplace					
Mother's Maiden Name <i>Mary Gautier</i>		Mother's Birthplace					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

Primary	<i>Cerebral hemorrhage</i>	How long	<i>7 days</i>
Immediate	<i>Paralysis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Ed Beckley</i>	
<i>Yes</i>		Address <i>Middletown</i>	
Accident or Suicide?		<i>No</i>	



Name  
in  
Full

Edw B. Devilbiss

## CERTIFICATE OF DEATH

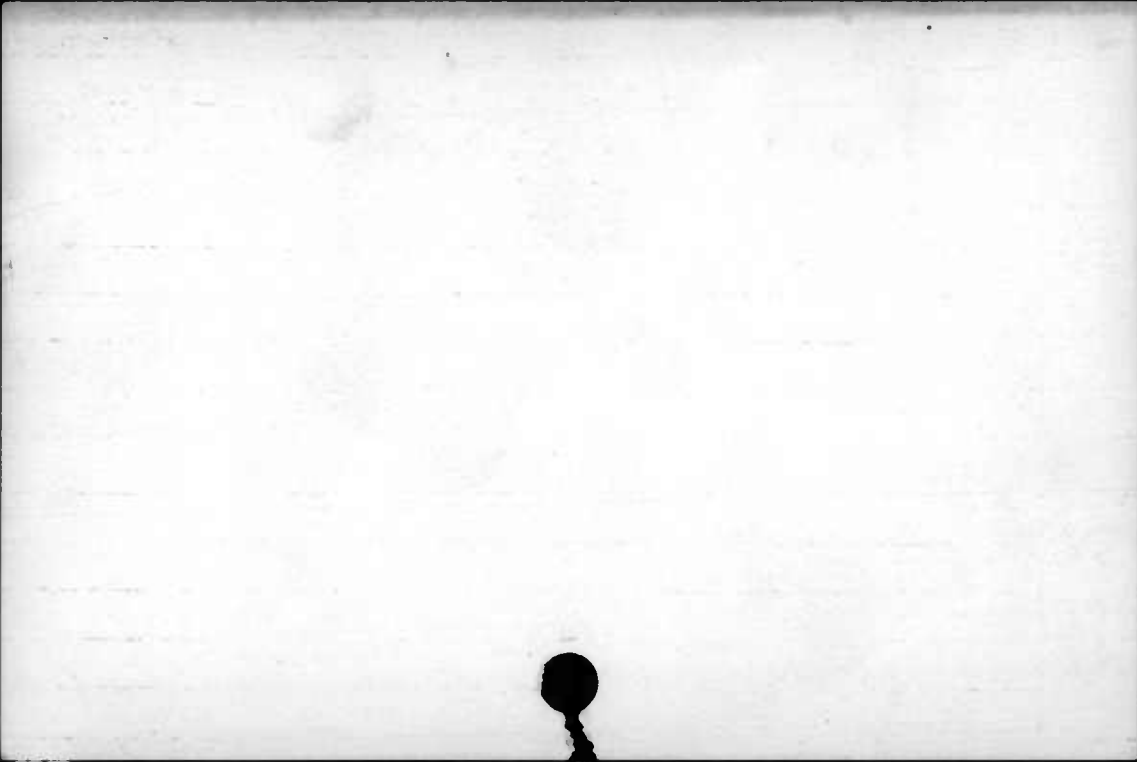
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Johnsville</u> Town		County <u>Fredensick</u>		MARYLAND	
Date of death	1905	Month	Oct	Day	6
Age	39	Years	8	Months	20
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housewife				
Where Residing if not at place of death					
Married, Single or Widowed	Single				
Name of Wife or Husband	David M. Devilbiss				
Father's Name	George W. Eyster			Father's Birthplace	Maryland
Mother's Maiden Name	Marion C. Albough			Mother's Birthplace	Maryland
Name of person giving information	Jennie Eyster			How related to deceased	Sister

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Nephritis</u>	How long	<u>about 5 weeks</u>
Immediate	<u>Uremic Coma</u>	How long	<u>about 24 hours</u>
Are the name, age, sex, color, date and place correctly given above?	Yes -		
Signature of Physician	<u>F. R. Sidwell</u>		
Address	<u>Johnsville, Md.</u>		
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

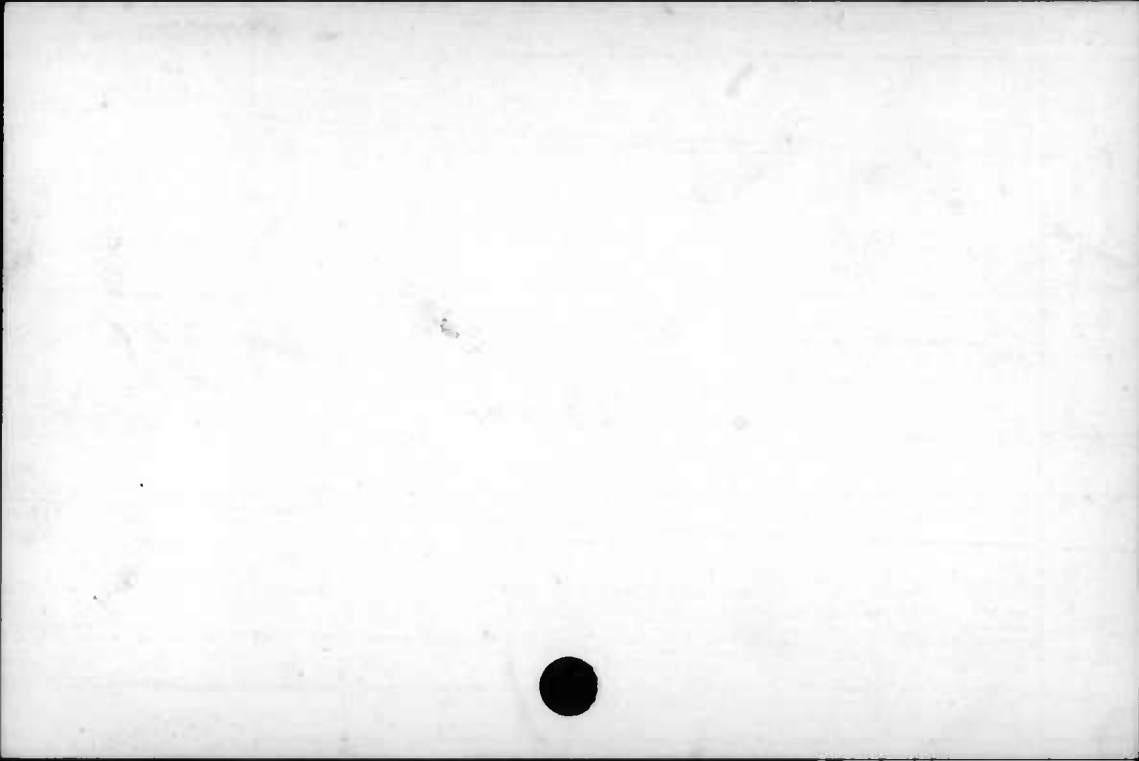
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Sarah Diggs</i>		Town <i>Frederick</i>		County <i>Frederick</i>		STATE <i>MARYLAND</i>	
Died at <i>Frederick</i>		Month <i>10</i>		Day <i>10</i>		Years <i>55</i>	
Date of death <i>1905</i>		Month <i>10</i>		Day <i>10</i>		Age <i>55</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birthplace <i>Frederick Md</i>		Months <i>5</i>	
Occupation <i>Domestic</i>		Where Residing if not at place of death <i>Same</i>		Months <i>5</i>		Days <i>10</i>	
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Wesley Diggs</i>		Father's Name <i>James Smith</i>		Father's Birthplace <i>Md</i>	
Mother's Maiden Name <i>Hannah Smith</i>		Mother's Birthplace <i>Md</i>		Name of person giving information <i>Phu Hall</i>		How related to deceased <i>Son</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Heart Disease</i>	How long <i>70</i>	<i>Several years</i>
Immediate	<i>Mitral Stenosis</i>	How long <i>1 1/2</i>	<i>years</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr U. S. Bourns</i>	
		Address <i>Frederick Md</i>	
Accident or Suicide? <i>—</i>			





Name  
in  
Full

Mary T. Dyson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
190		Oct	19	30			
Sex		Color or Race		Birth-place			
Female		Black					
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

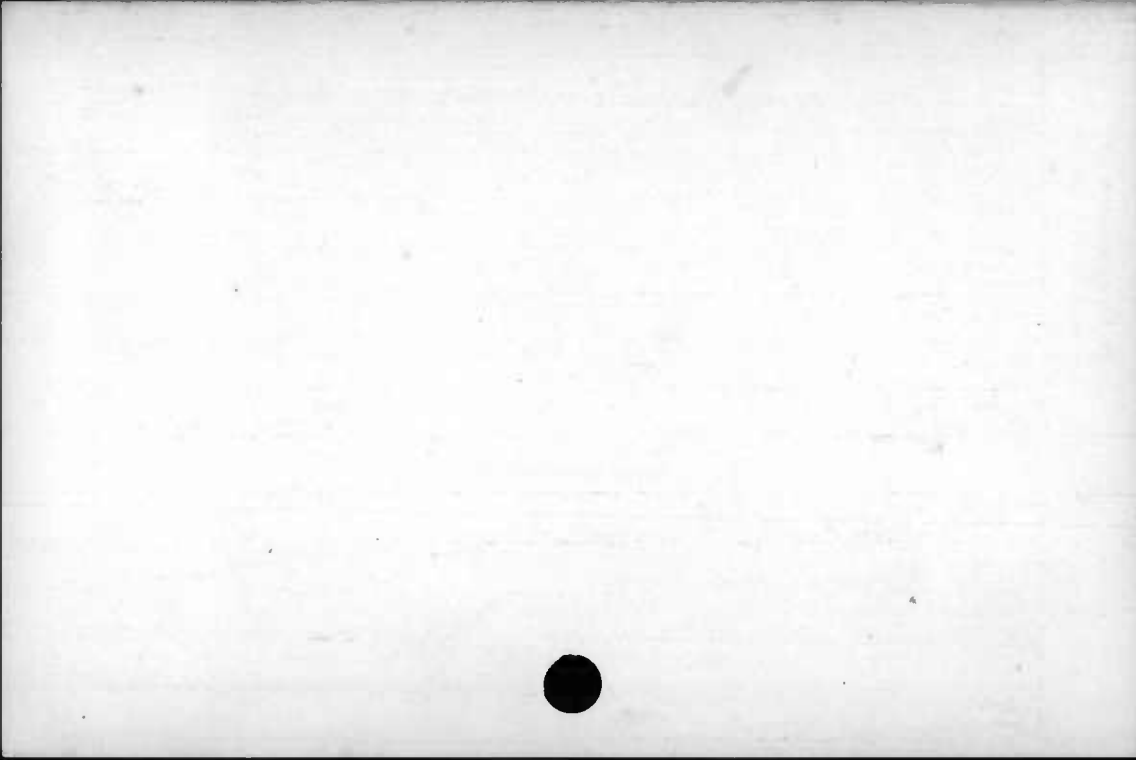
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Accident or Suicide?	

Inanition

R. S. Lyson.  
Frederick  
Md.



Name in Full		Henry Eicholtz				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Near Thurmont</i>		Town <i>Frederick Co</i>		County		
	Date of death <i>1905</i>		Month <i>10</i>	Day <i>17</i>	Age <i>51</i>	Years <i>11</i>	Months <i>19</i>
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>		
	Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Near Thurmont</i>				
	Married, <del>Single</del> <i>Single</i>		Name of Wife or Husband <i>Della Eicholtz</i>				
	Father's Name <i>Samuel Eicholtz</i>		Father's Birthplace <i>Md</i>				
	Mother's Maiden Name <i>Sarah Roffenspurger</i>		Mother's Birthplace <i>"</i>				
	Name of person giving information <i>Anderson Eicholtz</i>		How related to deceased <i>Brother</i>				
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Valvular Heart disease</i>		How long <i>7</i>		Years <i>0 yrs</i>		
	Immediate <i>Heart-failure</i>		How long				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Morris A. Biehl</i>				
			Address <i>Thurmont Md.</i>				
	Accident or Suicide? <i>No</i>						



Name  
in  
Full

William H Eury

## CERTIFICATE OF DEATH

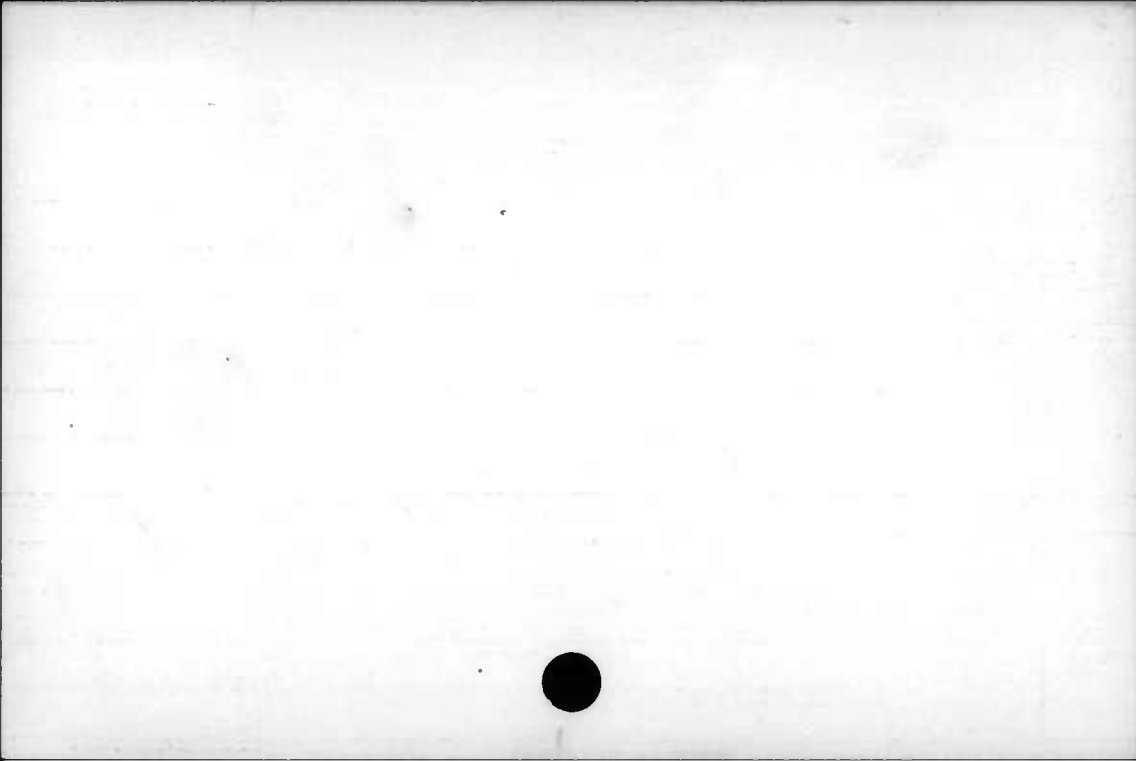
TO BE ANSWERED BY  
NEAREST FRIEND

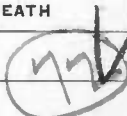

Died at <i>Brunswick</i>		Town <i>Brunswick</i>		County <i>Indurick</i>		MAYLAND	
Date of death <i>1905 Oct 18</i>		Month <i>Oct</i>		Day <i>18</i>		Age <i>69</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>md</i>			
Occupation <i>Labour</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Lillian Eury</i>					
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information <i>P. E. Eury</i>						How related to deceased <i>son</i>	

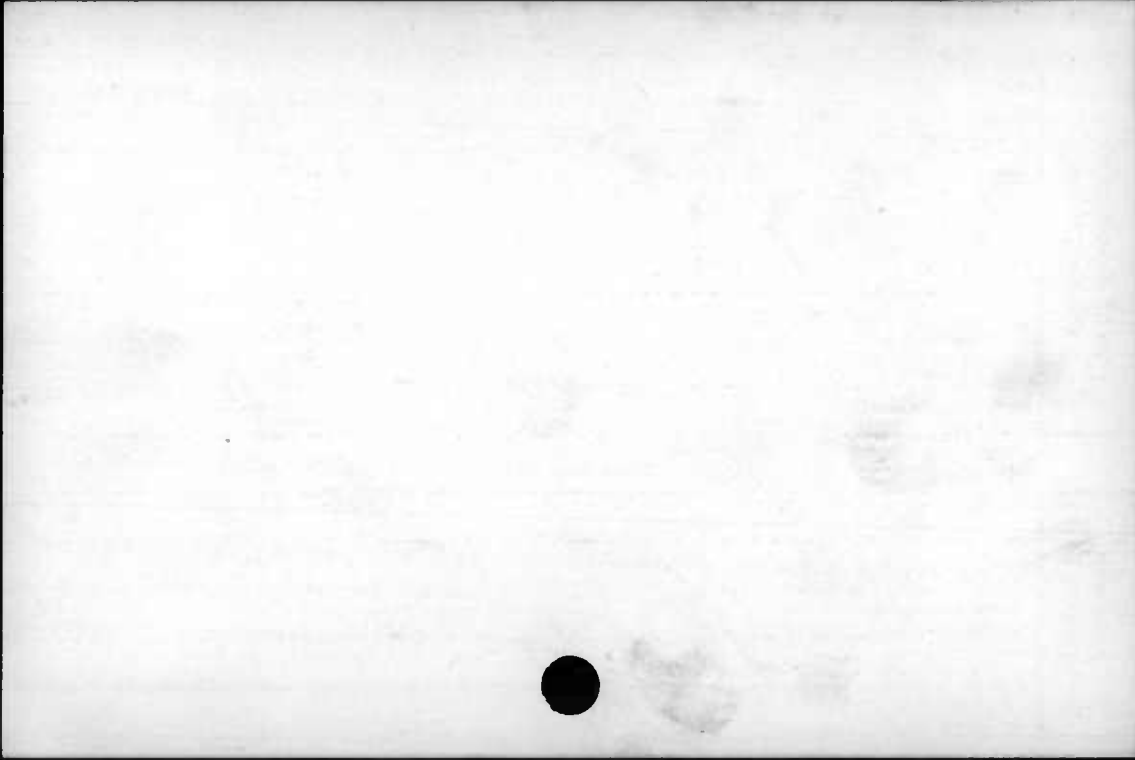
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>Paralysis</i>		How long <i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Al Horink</i>	
		Address <i>Brunswick md</i>	
Accident or Suicide? <i>no</i>			



Name in Full		Thomas Robert Fraley						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Frederick</u> <small>Town</small>			<u>Frederick</u> <small>County</small>			MARYLAND		
	Date of death <u>1905</u>		<u>Oct</u> <small>Month</small>		<u>15</u> <small>Day</small>		<u>—</u> <small>Years</small>		<u>13</u> <small>Months</small>
	Sex <u>Male</u>		Color or Race <u>white</u>			Birth-place <u>Frederick</u>			
	Occupation <u>—</u>				Where Residing if not at place of death <u>At place of birth</u>				
	Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>						
	Father's Name <u>Wm H Fraley</u>						Father's Birthplace <u>Frederick</u>		
	Mother's Maiden Name <u>Julia Bevans</u>						Mother's Birthplace <u>Washington Dc</u>		
	Name of person giving information <u>Mother Julia Fraley</u>						How related to deceased <u>Mother</u>		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary <u>Tetanus</u>						How long <u>7 days.</u>		
	Immediate <u>Exhaustion</u>						How long <u>24 hours</u>		
	Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>			Signature of Physician <u>LaBuer</u>			Address <u>23 E Church St</u>		
							<u>Frederick</u>		
	Accident or Suicide? <u>—</u>								





Name  
in  
Full

## CERTIFICATE OF DEATH

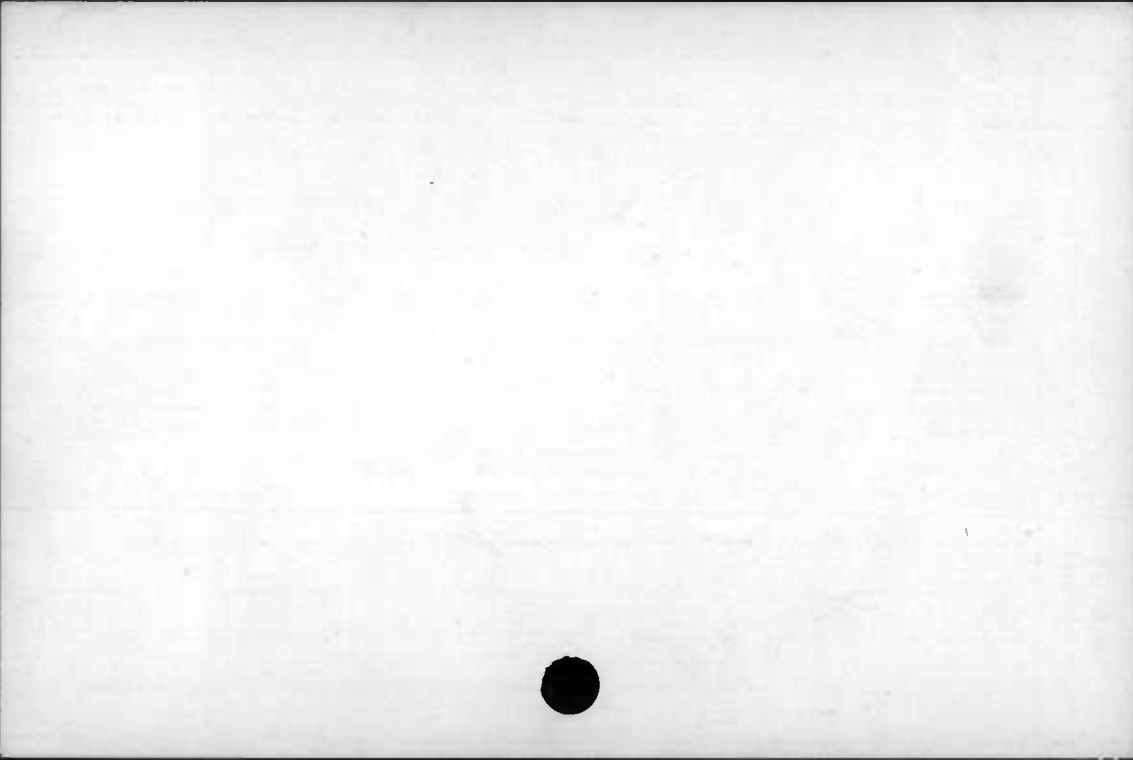
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Richard Goodwin</i>		Town <i>Montgomery Hospital</i>		County <i>Frederick</i>		MARYLAND	
Died at		Month <i>Oct</i>		Day <i>4</i>		Years <i>60</i>	
Date of death <i>1905</i>				Age		Months	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Limb Debility</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. S. Lyson</i>	
		Address <i>Frederick</i>	
Accident or Suicide?		<i>Truel</i>	



Name in Full		Jacob S. Grabbill				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> Frederick			<sup>County</sup> Frederick		MARYLAND	
	Date of death	190 5	Month	Oct	Day	31	Age
				Years	53	Months	10
				Days	5		
	Sex	male		Color or Race	White		Birth-place
						Woodshers	
	Occupation	Truckman			Where Residing if not at place of death		
Married, Single or Widowed		married		Name of Wife or Husband		Emma King	
Father's Name	Jacob Grabbill				Father's Birthplace	Frederick Co.	
Mother's Maiden Name	Katherine Dinkerman				Mother's Birthplace	" "	
Name of parson giving information	Emma Grabbill				How related to deceased	wife	
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	<del>Fracture</del> Injury due to accident				How long	17 days
	Immediate	Septicaemia				How long	5 days
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				J. B. Miller		
				Address			
				13 E Church St.			
Accident or Suicide?				accident			



Name  
in  
Full

*Louisa Grachen*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>10</i>		Day <i>28</i>		Years <i>52</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months <i>5</i>	
Occupation <i>H. W.</i>		Where Residing if not at place of death <i>X</i>					
Married, Single or Widowed <i>X</i>		Name of the or Husband <i>Ernest F. Grachen</i>					
Father's Name <i>X</i>		Father's Birthplace <i>X</i>					
Mother's Maiden Name <i>X</i>		Mother's Birthplace <i>X</i>					
Name of person giving information <i>Ernest F. Grachen</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Scabies Mellitus</i>		How long <i>1 yr.</i>	
Immediate <i>Exhaustion &amp; Consumption</i>		How long <i>1 day</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. A. Lang</i>	
		Address <i>City</i>	
Age of Deceased?			



Name  
in  
Full

## CERTIFICATE OF DEATH

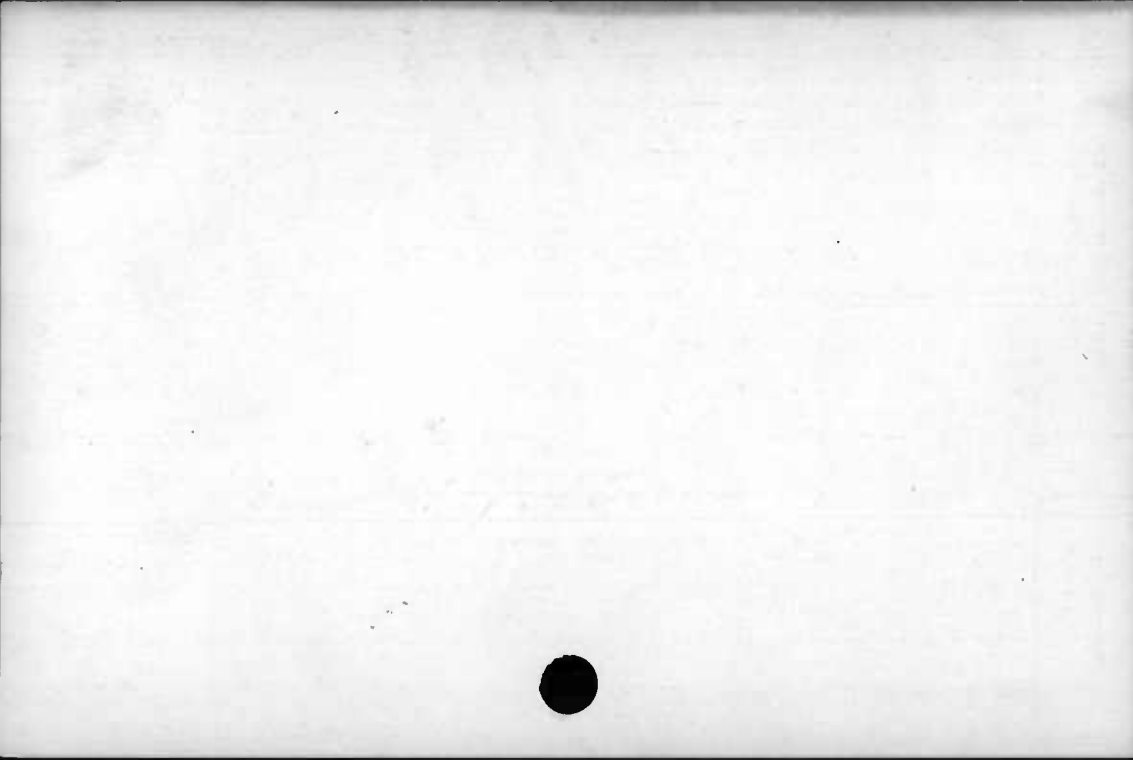
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Basil Guides</i>		Town <i>Monte Neospital</i>		County <i>Frederick</i>		MARYLAND	
Died at		Month <i>Oct</i>		Day <i>12</i>		Age <i>40</i>	
Date of death <i>1905</i>		Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place	
Occupation		Where Residing if not at place of death		Months		Days	
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Father's Name		Mother's Maiden Name		Name of person giving information		How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid fever</i>	How long	<i>4 weeks</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. S. Tyson</i>	
		Address <i>Frederick</i>	
Accident or Suicide?		<i>And</i>	





Name in Full		Thomas E Hardy				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town		County		MARYLAND		
	Worwinton, near Frederick							
	Date of death	1905	Month	Oct	Day	10	Age	
					Years		48	
					Months	Days		
	Sex	Male		Color or Race	white		Birth-place	
					Md			
Occupation	Constable		Where Residing if not at place of death					
Married, Single or Widowed	married		Name of Wife or Husband					
				Elizabeth				
Father's Name	Thomas Hardy				Father's Birthplace	Md		
Mother's Maiden Name	Katie Wimer				Mother's Birthplace	Md		
Name of person giving information	Frederick Hardy				How related to deceased	Brother		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary					How long		
	Immediate	Killed by horse that				How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
					Address			
					A. J. Horne			
Accident or Suicide?		no		Brunswick		Md		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Otto Hays*

Town *Wolfsville* County *Frederick* MARYLAND

Died at *Wolfsville*

Date of death *1905* Month *Oct* Day *14* Age *77* Years Months *3* Days *27*

Sex *male* Color or Race *white* Birthplace *Md*

Occupation *Teacher* Where Residing if not at place of death *Wolfsville*

Married, Single or Widowed *married* Name of Wife or Husband *Sophia Hays*

Father's Name *Levin Hays* Father's Birthplace *Md.*

Mother's Maiden Name *Julian Hatherway* Mother's Birthplace *Md.*

Name of person giving information *Sophia Hays* How related to deceased *wife*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Infirmities of age* How long *120*

Immediate *Uraemia* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. J. Smith*

Address *Wolfsville Md.*

Accident or Suicide? *no*



Name  
in  
Full

*Annie M. Hooper* 28.

## CERTIFICATE OF DEATH

MARYLAND

Died *near* *Gaithersburg* Town

*Fredrick* County

Date of death *1905*

Month *10*

Day *8*

Age *18* Years

Months *6*

Days *17*

Sex *Female*

Color or Race *white*

Birth-place *Fredrick, Md.*

Occupation

Where Residing if not at place of death

Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *Jas. O. Hooper*

Father's Birthplace *Fresh Co. Md.*

Mother's Maiden Name *Lillian A. Stottlemeyer*

Mother's Birthplace *Ohio*

Name of person giving information *Jas. O. Hooper*

How related to deceased *Father*

## CAUSES OF DEATH

Primary *Pulmonary Tuberculosis*

How long *1 yr*

Immediate

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

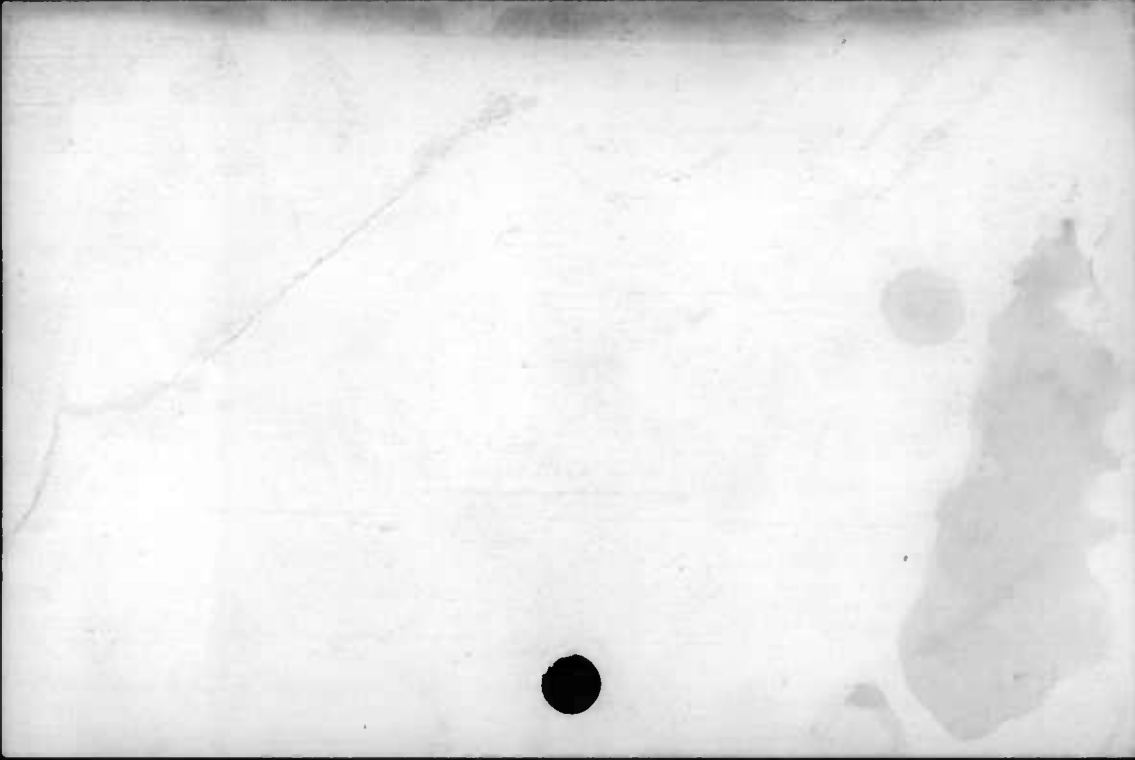
Address

*H. H. Hopkins Jr. M.D.*  
*New Market,*

Accident or Suicide? *no*

*Maryland*

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Myrtle Jacobs

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Pearl		Frederick		Maryland	
Date of death		1905	Month 10 <sup>th</sup>	Day 15	Age 5	Months 2	Days 10
Sex		Female		Color or Race		White	
Occupation		—		Where Residing if not at place of death		at place of death	
Married, Single or Widowed		Single		Name of Wife or Husband		—	
Father's Name		Frederick Jacobs		Father's Birthplace		Mt. Pleasant Md.	
Mother's Maiden Name		Mary Jacobs		Mother's Birthplace		Pearl Md.	
Name of person giving information		Frederick Jacobs		How related to deceased		Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Mucous Membranes Group	How long	3 days
Immediate	Exhaustion & stenosis of Larynx	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		George H. Riggs Md	
Address		2 Jamesville Mt.	
Accident or Suicide?			

Mt Carmel

Oct 16 - 1945

6 to 6:30 -



Name in Full

Certificate of Death

No. 124

Bora Johnson

Town

County

Died at Johnsville

Frederick

MARYLAND

Date 1895 Octbr 28

Month Day

Age 29 Y M D 10 12

Native of Md.

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

None

Husband

of

Bradley Johnson

Wife

Father's

Name

Edward Wright

Mother's

Name

Amy Wright

Cause of

Primary

Typhoid fever

How long sick

16 days

Death

Immediate

Intestinal hemorrhage

Accident, Suicide, Homicide

Reported by

Thomas P. Sappington M.D.

Address

Unionville Maryland

Must be signed by physician, if any in attendance, or otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Old Fields

Name  
in  
Full

George Johnson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Frederick</u> <sup>Town</sup>		<u>Frederick</u> <sup>County</sup>		MARYLAND	
Date of death <u>1905</u>	<u>October</u> <sup>Month</sup>	<u>25</u> <sup>Day</sup>	Age <u>73</u> <sup>Years</sup>	<u>2</u> <sup>Months</sup>	<u>29</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>MS.</u>		
Occupation <u>Physician</u>			Where Residing if not at place of death <u>~~~~~</u>		
<input checked="" type="checkbox"/> <del>Married, living</del> Widowed			Name of Wife or Husband <u>~~~~~</u>		
Father's Name <u>Warrington Johnson</u>			Father's Birthplace <u>MS</u>		
Mother's Maiden Name <u>Mary J. F. Potts</u>			Mother's Birthplace <u>MS</u>		
Name of person giving information <u>Mr Crawford Johnson</u>			How related to deceased <u>son</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cirrhosis of Kidney</u>	How long <u>Fifteen years</u>
Immediate <u>Uremia</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Mr Crawford Johnson</u>
	Address <u>Frederick, MD</u>
Accident or Suicide? <u>~~~~~</u>	



Name  
in  
Full

Alice Virginia Keefer

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Frederick

Frederick

MARYLAND

Date

1905

Month

Oct

Day

22

Age

Years

47,

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Md

Occupation

Seamstress

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Frederick Keefer

Father's  
Birthplace

Md

Mother's  
Maiden Name

Louisa Truett

Mother's  
Birthplace

Scotland

Name of person giving  
In formation

Family Bible

How related  
to deceased

## CAUSES OF DEATH

Primary

Interstitial Nephritis  
Coma, Exhaustion

How long

20 years

Immediate

How long

1 hour

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

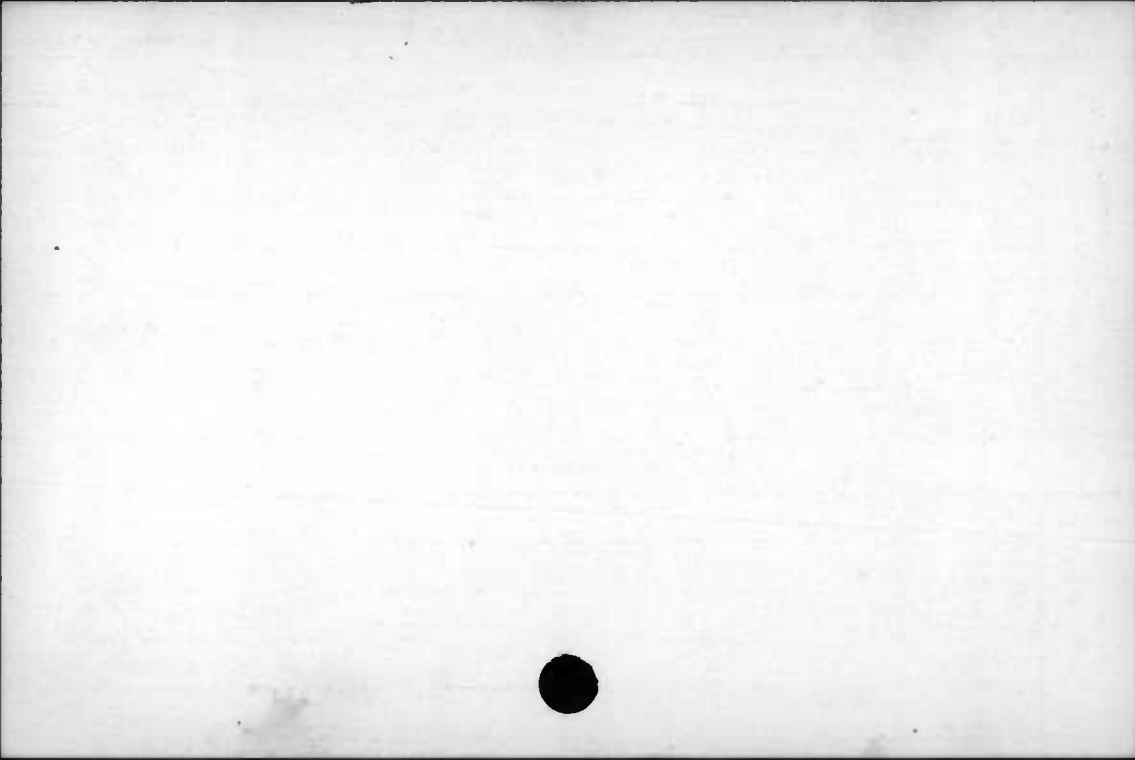
Frank Redgrave,

Address

Frederick,

PHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Mrs. Margaret Knudde

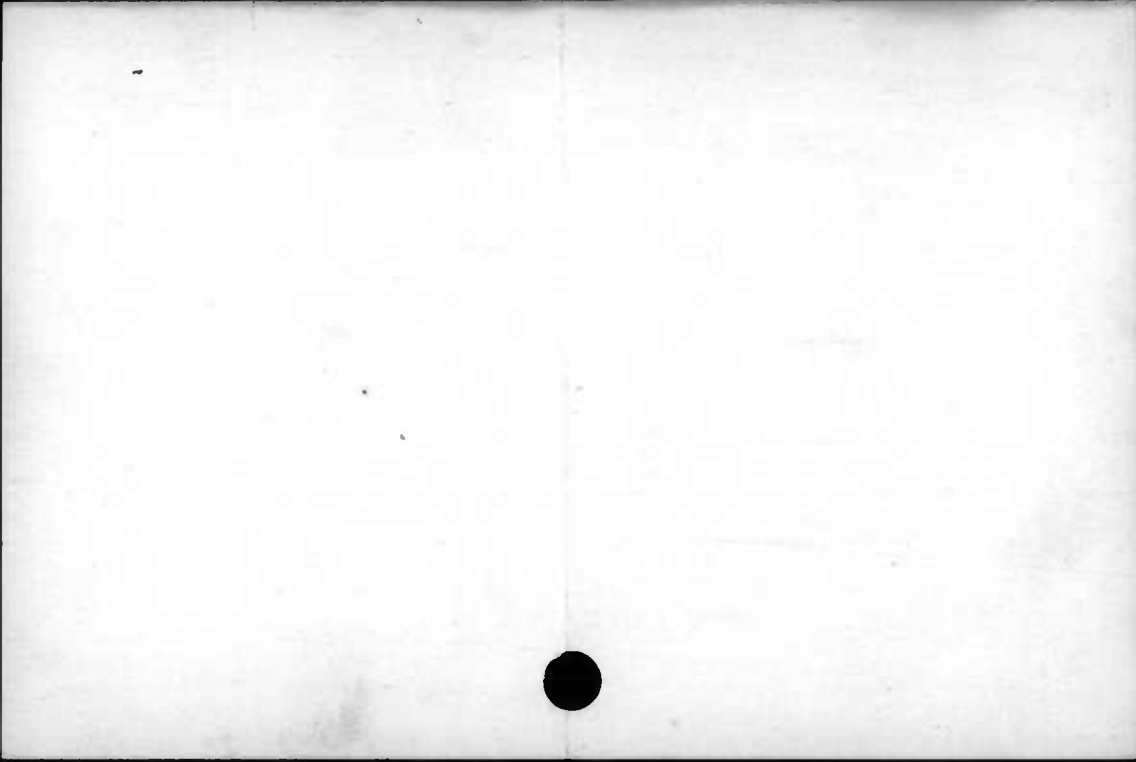
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Frederick</i> -		County <i>Frederick</i>		MARYLAND	
Date of death	1905	Month	Oct.	Day	14
Age		Years		Months	Days
		87		X	X
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Birth-place	<i>Washington Co.</i>				
Occupation	<i>Wife</i>		Where Residing if not at place of death X		
Married, Single or Widowed	<del>Name of Wife or Husband</del> <i>Therese Knudde</i>				
Father's Name	<i>Jonathan Schlusman</i>			Father's Birthplace	<i>Wash. Co</i>
Mother's Maiden Name	<i>Unknown</i>			Mother's Birthplace	" "
Name of person giving information	<i>Benton Knudde</i>			How related to deceased	<i>Son.</i>

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Carcinoma of Liver</i>	How long	<i>3 years</i>
	Immediate	<i>Exhaustion</i>	How long	X
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician		<i>Franklin Buchanan Smith</i>	
		Address		
Accident or Suicide?				





Name  
in  
Full

Franklin P. Lewis

## CERTIFICATE OF DEATH

Town

County

Died at

Fredericks

Fredericks

MARYLAND

Date

of death 1905

Month

10

Day

20

Years

53

Age

Months

—

Days

—

Sex

Male

Color or  
Race

White

Birth-  
place

Leesburg Va

Occupation

Black Smith

Where Residing if not  
at place of death

Same

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Mary Vitz

Father's  
Name

John H. Lewis

Father's  
Birthplace

Va

Mother's  
Maiden Name

Sarah Fowler

Mother's  
Birthplace

"

Name of person giving  
In formation

Mess Lewis

How related  
to deceased

Widow

## CAUSES OF DEATH

Primary

Alcoholism

How long

Months

Immediate

Apoplexy

How long

immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

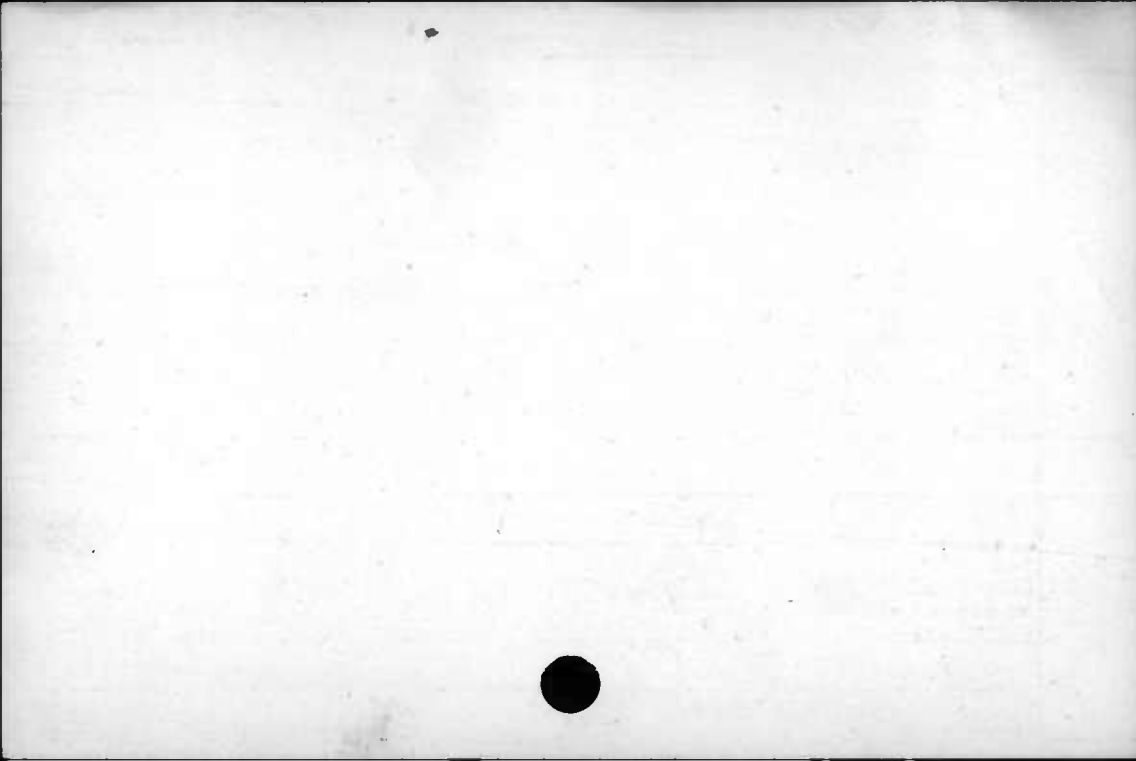
Signature of  
Physician

L. B. Bersten Coroner

Address

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Thomas Brock

## CERTIFICATE OF DEATH

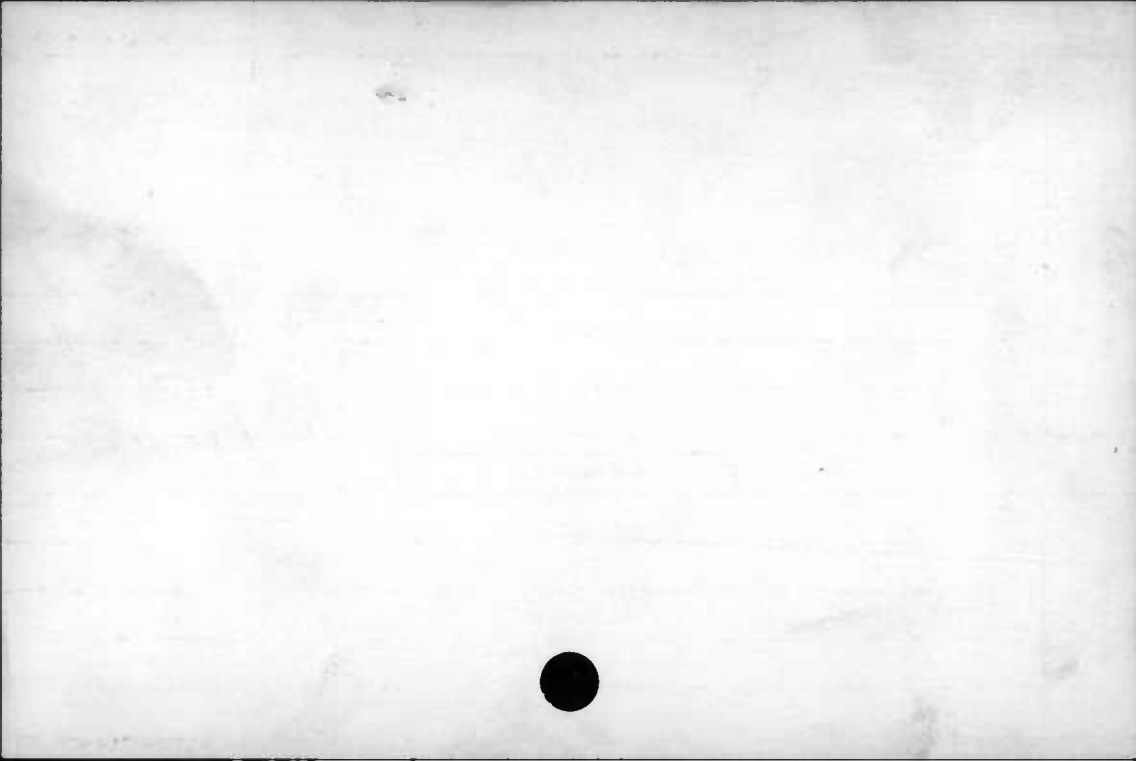
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Middletown</i>		<sup>County</sup> <i>Frederick</i>		MARYLAND	
Date of death	1905- <sup>Month</sup> <i>Oct</i>	<sup>Day</sup> <i>2</i>	<sup>Years</sup> <i>83</i>	<sup>Months</sup> <i>8</i>	<sup>Days</sup> <i>5</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation	<i>Cabinet maker</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widower</i>	Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cerebral hemorrhage</i>	How long	<i>18 hours</i>
Immediate	<i>Paralysis</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>E L Beckley</i>
		Address	<i>Middletown</i>
Accident or Suicide?			<i>Ind</i>



Name  
in  
Full

Cornelius M. Main.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <sup>near</sup> <i>Pearl</i> Town		County <i>Fredco</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>13</i>	Age <i>64</i>	Months <i>11</i>	Days <i>15</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>F. Co. Md</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife <del>Wife and</del> <i>Sophia B. Lippel</i>				
Father's Name <i>William Main</i>	Father's Birthplace <i>F. Co Md</i>				
Mother's Maiden Name <i>Susanna Hildebrand</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Geo. Main</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Heart Disease</i>	How long <i>6 months</i>
Immediate	<i>Exhaustion Emaciated</i>	How long <i>some time</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>None in attendance for</i>
		Address <i>Thomas P. Reice</i>
Accident or Suicide? <i>—</i>		<i>Funeral director</i>

T. P. Rice

Oct 17/05

W. Church

Name  
in  
Full

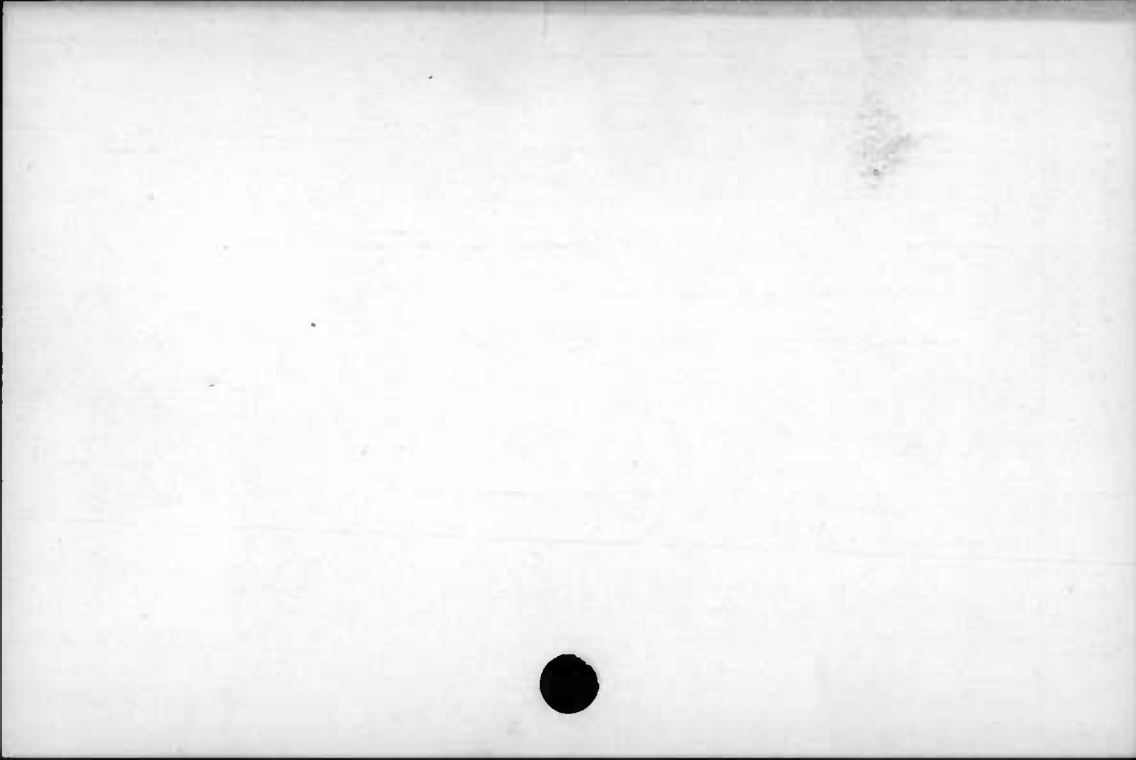
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Yellow Springs</i> <sup>Town</sup>		<i>Frederick</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905</i> <sup>Year</sup>	<i>Oct</i> <sup>Month</sup>	<i>4th</i> <sup>Day</sup>	<i>68</i> <sup>Years</sup>	<i>3</i> <sup>Months</sup> <i>16</i> <sup>Days</sup>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband		
Father's Name	<i>David Martz</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Maria Bachter</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>J. L. Martz</i>			How related to deceased	<i>Son</i>

## CAUSES OF DEATH

Primary	<i>Chronic Nephritis and Mitral Regurgitation</i>	How long	<i>6 months</i>
Immediate	<i>Cardiac Paralysis</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Frank Heggen</i>
		Address	<i>Frederick Ind</i>
Accident or Suicide?			





Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Buddletown</i>		County <i>Fredrick</i>		MARYLAND	
Date of death	1905	Month <i>Oct</i>	Day <i>16</i>	Years <i>63</i>	Months <i>1</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place				
Occupation <i>Laborer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Stephens</i>					
Father's Name <i>John Miller</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Susan Koagler</i>		Mother's Birthplace <i>II</i>					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Softening of brain</i>	How long <i>65</i>	<i>2 yrs</i>
Immediate	<i>Heart paralysis - aneurism</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. Beckley</i>	
<i>Yes</i>		Address <i>Buddletown</i>	
Accident or Suicide?		<i>Ind</i>	



Name in Full		TOWN				COUNTY		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Frederick				MARYLAND					
		Date of death	1901	Month	10	Day	30	Age	33	Months	x	Days	x
		Sex	Male		Color or Race	White		Birth-place	Rhode Island				
		Occupation	Rail Road B&O			Where Residing if not at place of death			Brunswick, Md				
		Married, Single or Widowed	Single			Name of Wife or Husband							
		Father's Name	Unknown					Father's Birthplace					
		Mother's Maiden Name	Unknown					Mother's Birthplace					
		Name of person giving information	Mr Gross of Brunswick					How related to deceased	Aunt				
CAUSES OF DEATH													
PHYSICIAN OR CORONER	Primary	Crushed by R.R. train					How long	166 ✓					
	Immediate	Shock					How long						
	Are the name, age, sex, color, date and place correctly given above?		Yes -			Signature of Physician	Franklin Buchanan, Jr						
						Address	Frederick, Md						
Accident or Suicide?													



Name  
in  
Full

Anne Margaret Myers.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Induct 1 <sup>County</sup> Induct 1

Date of death 1905 Oct 26 Age 77 Months 8 Days 5

Sex Female Color or Race white Birth-place Induct Co Md

Occupation Housewife Where Residing if not at place of death X

Married, Single or Widowed Married Name of Wife or Husband George W. Myers.

Father's Name George P Thomas Father's Birthplace Co

Mother's Maiden Name Charlotte Thomas Mother's Birthplace Co

Name of person giving information Workington Slays How related to deceased Son in Law.

## CAUSES OF DEATH

Primary Paralysis Agitans (63) ✓ How long For 6 years.

Immediate General debility How long Gradual.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. B. Johnson  
Induct Md.

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

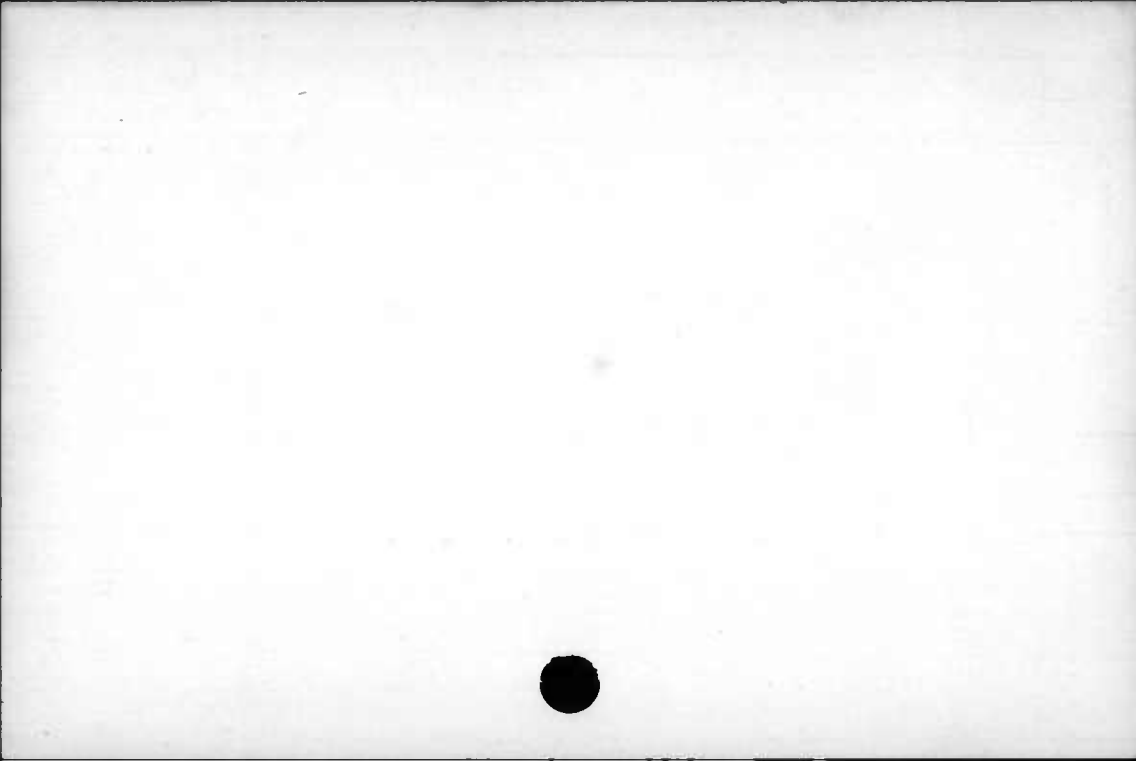
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Myers Lena Minor Myers</i>			Town <i>Fredericks</i>		County <i>Frederick</i>		MARYLAND		
Died at		Date of death		Age		Months		Days	
<i>Fredericks</i>		<i>1905-10-28</i>		<i>21-</i>		<i>2</i>		<i>11</i>	
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Doubs Ind</i>					
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>							
Father's Name <i>F M Myers</i>				Father's Birthplace <i>Indiana Co Ind</i>					
Mother's Maiden Name <i>Margaret L Minor</i>				Mother's Birthplace <i>London Co Va</i>					
Name of person giving information <i>Mrs Margaret L Myers</i>				How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Tuberculosis</i>		How long <i>8 weeks</i>	
Immediate <i>Sporadic</i>		How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>W. C. Fahrney</i>	
		Address <i>Fredericks Md</i>	
Accident or Suicide? <i>—</i>			





Name  
is  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Pearl</i> Town		<i>Indeno</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>23</i>	Age <i>17</i>	Months <i>—</i>	Days <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Pearl Md</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William S Ray</i>			Father's Birthplace <i>Washington Co Md</i>		
Mother's Maiden Name <i>Alice Haugh</i>			Mother's Birthplace <i>Indeno</i>		
Name of person giving information <i>Alice Haugh</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>10 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Maynard</i>
	Address <i>17 Second St W. Indeno Md.</i>
Accident or Suicide? <i>—</i>	

Basty

Oct. 25/05

M.C.

Name  
in  
Full

## CERTIFICATE OF DEATH

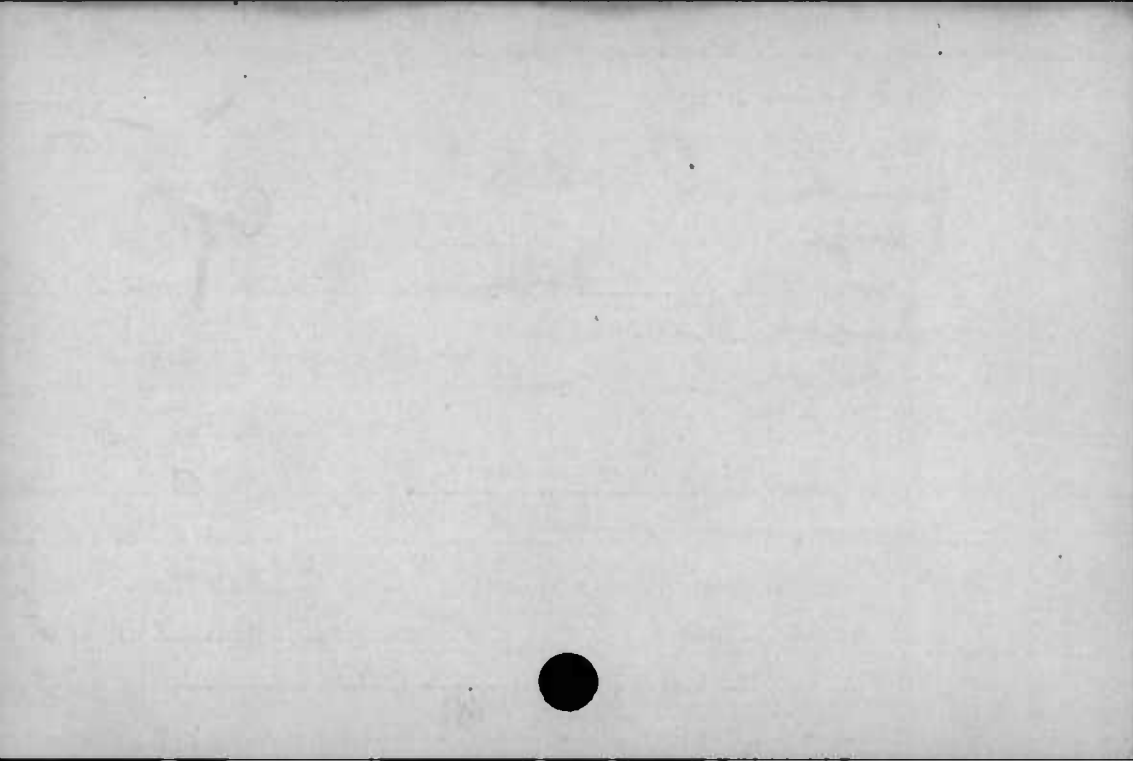
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brunswick</i> <sup>Town</sup> <i>Fredrick</i> <sup>County</sup>		MARYLAND	
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>9</i>	Age <i>20 -</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Brunswick Md</i>	Months <i>4</i> Days <i>20 -</i>
Occupation <i>Labrer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name or Wife or Husband		
Father's Name <i>William Ray</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Le Lenheart</i>	Mother's Birthplace <i>Md</i>		
Name of person giving information <i>William Ray Jr</i>	How related to deceased <i>Brother</i>		

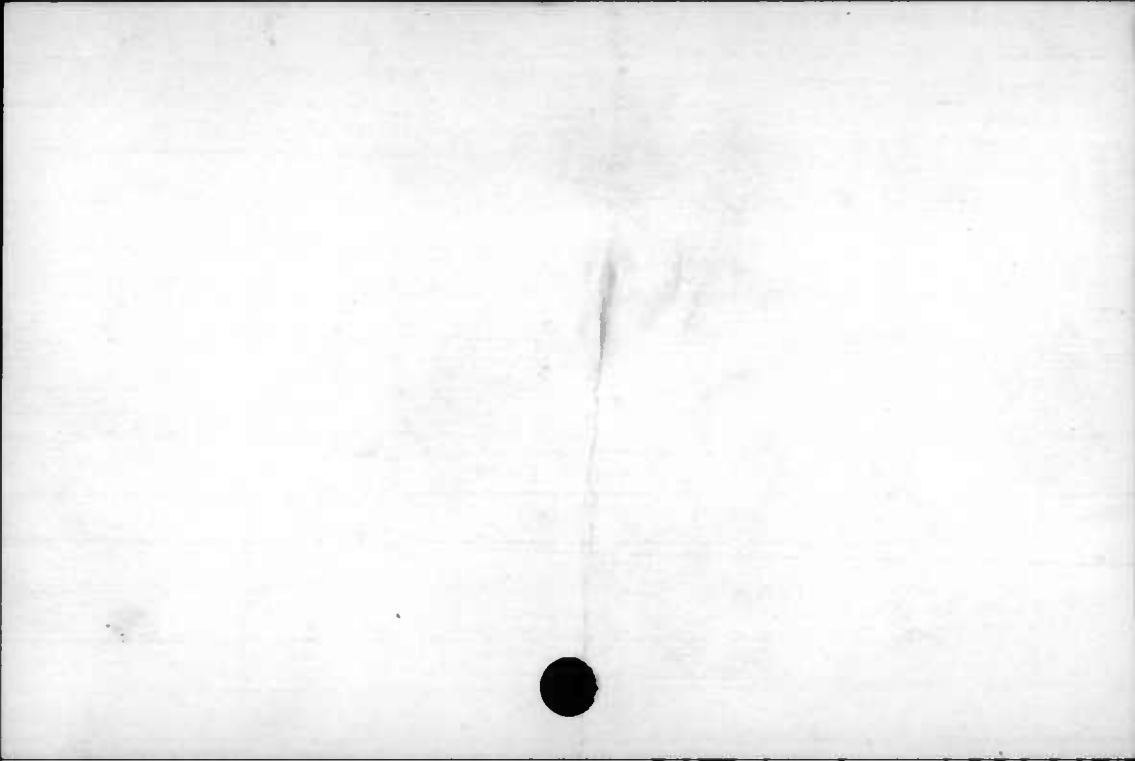
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i> <input checked="" type="checkbox"/>	How long <i>12 day</i>
Immediate <i>Heart Complication</i>	How long <i>one day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. S. Heagy</i>
	Address <i>Brunswick Md</i>
Accident or Suicide?	



Name in Full		Sarah C. Ridemour				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Gragers town		County Fred's		MARYLAND	
	Date of death	1905	Month Dec	Day 17	Years 76	Months 1	Days 16
	Sex	female		Color or Race	white		Birth-place
	Occupation	wife		Where Residing if not at place of death		Ira	
	Married, Single or Widowed	widowed		Name of Wife or Husband		Solomon Ridemour	
	Father's Name	Isaac Fisher			Father's Birthplace	Md	
	Mother's Maiden Name	Sarah C Bone			Mother's Birthplace	11	
Name of person giving information					How related to deceased		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Pneumonia (93) ✓				How long	2 weeks
	Immediate	Pulmonary Glanders				How long	3 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	Morris A Birsky	
					Address	Thurmont	
	Accident or Suicide?				Md		



Name  
in  
Full

Elizabeth Routzahn

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Fronck		County Fronck		MARYLAND	
Date of death	1905	Month 10	Day 11	Age 79	Years 10	Months 3	Days
Sex	Female		Color or Race	White		Birth- place	Middletown Md
Occupation	Retired		Where Residing if not at place of death		Home		
Married, Single or Widowed	Married		Name of Husband	Hezekiah Routzahn			
Father's Name	David Bowles				Father's Birthplace	Rt. 60, Md	
Mother's Maiden Name	Sophia Beckenbaugh				Mother's Birthplace	" " "	
Name of person giving In formation	Albert B Routzahn				How related to deceased	Son	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age & Paralysis	How long	✓
Immediate	Asphyxiation of Lungs	How long	60 10 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	S. S. Maynard		
	Address		
	17 Green St W.		
Accident or Suicide?			





Name  
in  
Full

Rebecca Ruhl

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> near Sabillasville <sup>County</sup> Fredricks.Date of death 1905 <sup>Month</sup> Oct <sup>Day</sup> 15 <sup>Years</sup> Age 38 <sup>Months</sup> <sup>Days</sup>Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Cascade IndOccupation Housewife <sup>Where Residing if not at place of death</sup>Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Fredrick Ruhl.

Father's Name Augustus Delk

Father's Birthplace

Mother's Maiden Name Rebecca Delk

Mother's Birthplace

Name of person giving information H. E. Stouffer.

How related to deceased None

## CAUSES OF DEATH

Primary Typhoid Fever (1.)

How long

Immediate " "

How long 20 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

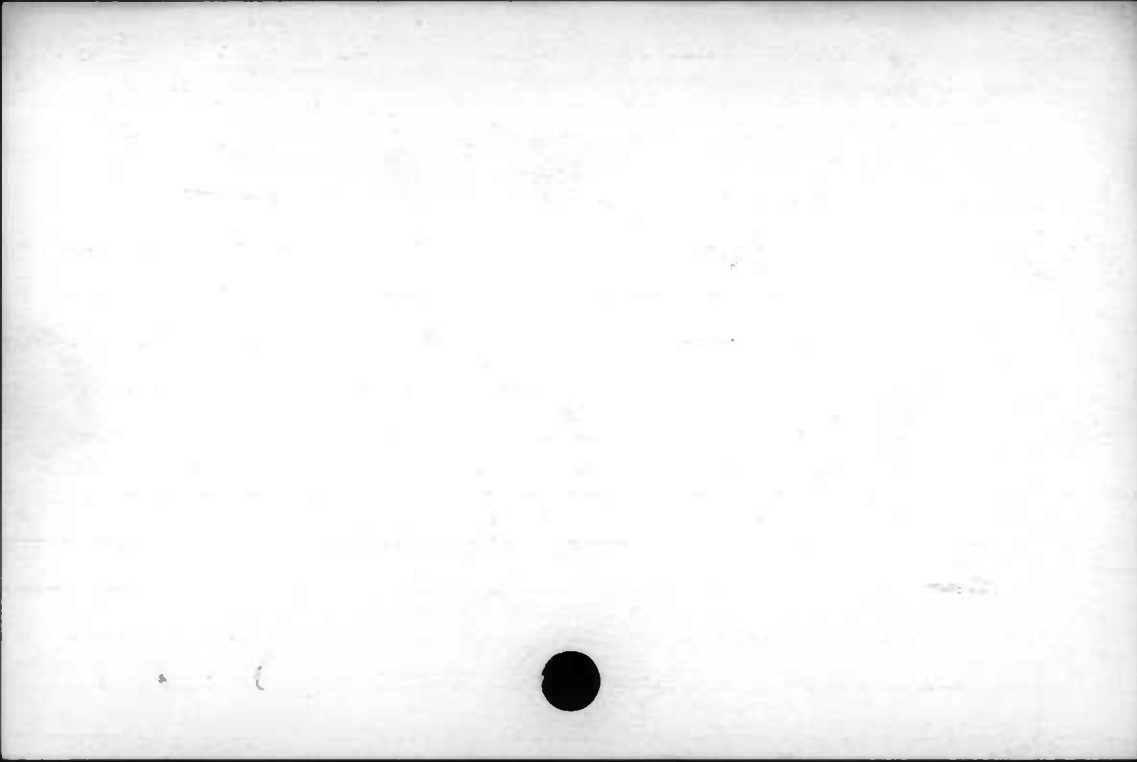
Address

Joseph Frank  
Waynesboro Pa.

Accident or Suicide?

No

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mrs. Emily Runkles

29.

## CERTIFICATE OF DEATH

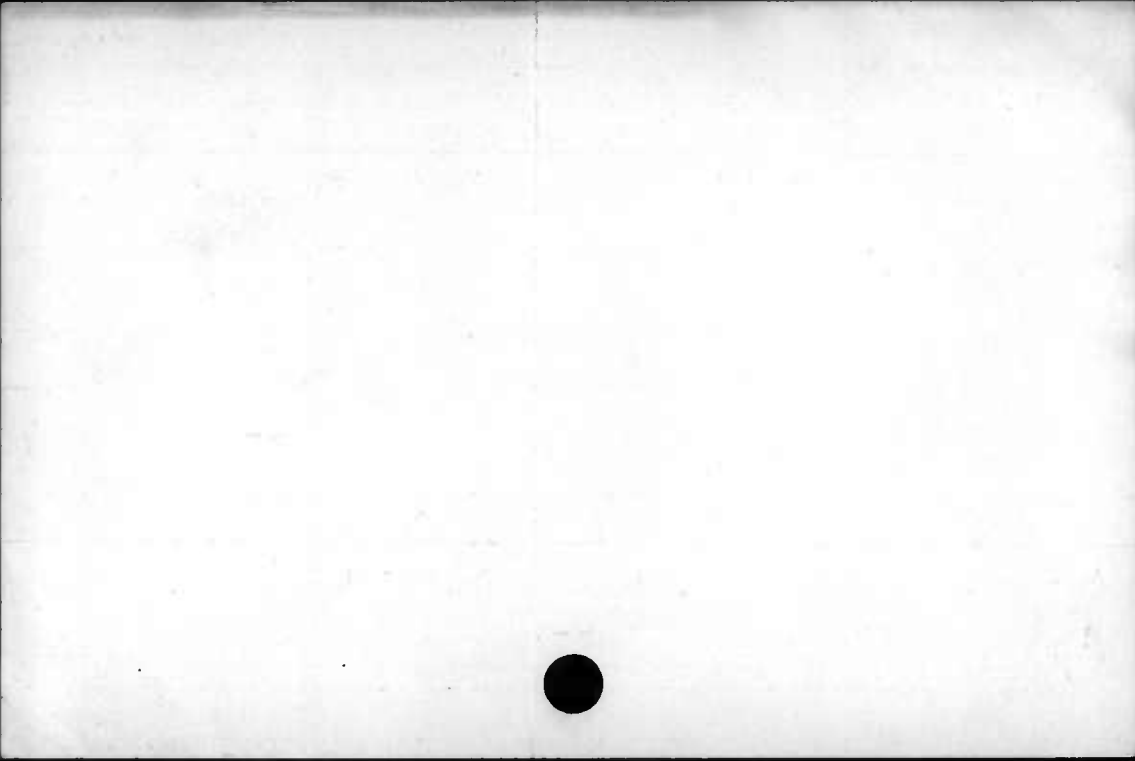
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Man Mt. Airy</i>		County <i>Fredville</i>		MARYLAND	
Date of death 1905	Month <i>Oct.</i>	Day <i>10</i>	Years <i>64</i>	Months <i>7</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Liberty Town Md.</i>		
Married, Single or Widowed	<i>Married</i>		Occupation <i>Housewife</i>		
Name of Wife or Husband <i>CO. Runkles</i>					
Father's Name <i>Moses Vansant</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Susana Frizzelle</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Marian Runkles</i>			How related to deceased <i>Son</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Organic Heart Disease</i>		How long <i>a number of days</i>
Immediate			How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>L.E. Brownwell</i>	
		Address <i>Mt. Airy Md.</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Mrs. A. Rebecca Smith

Town

County

MARYLAND

Died at

1908 -

Month

Day

Y.

M.

D.

Native of

Occupation

Date

10. 26

Age

73 - 3.

Ind.

Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Four

Husband

Wife

Father's

Name

Mother's

Name

How long sick

Cause of

Primary

Death

Immediate

Acute Congestion of Lungs

Accident, Suicide, Homicide

Reported by

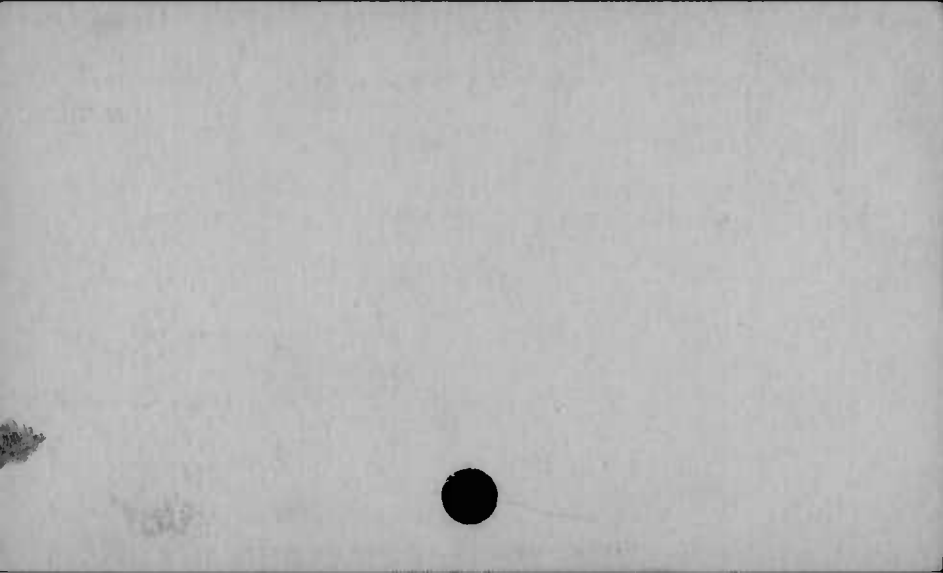
M. H. Kable

Address

Hoodshoro Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Walter</i>		County <i>1</i>		MARYLAND	
Died at <i>Providence</i> Town					
Date of death <i>1905</i>	Month <i>Oct</i>	Day <i>26</i>	Age <i>79</i>	Months <i>10</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Bravaria</i>		
Occupation <i>Merchant</i>		Where Residing if not at place of death <i>Fredk. Md</i>			
Married, Single or Widower <i>Widower</i>		Name of Wife or Husband <i>Elizabeth Pomrell</i>			
Father's Name <i>John Walter</i>		Father's Birthplace <i>Bravaria</i>			
Mother's Maiden Name <i>dont know</i>		Mother's Birthplace <i>dont know</i>			
Name of person giving In formation <i>Fredk Snyder</i>		How related to deceased <i>Son in Law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>3 1/2 hours</i>
Immediate <i>Collapsus</i>	How long <i>104</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. S. Maynard</i>
	Address <i>17 Second St W. Providence Md.</i>
Accident or Suicide?	





Name  
in  
Full

Willie's Glen Willhite

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> near Shurmont<sup>County</sup> FrederickDate  
of death 1905Month  
OctDay  
17Age  
YearsMonths  
2Days  
16Sex  
MaleColor or  
Race WhiteBirth-  
place Shurmont Fredk Co Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name Geo WillhiteFather's  
Birthplace Fredk Co MdMother's  
Maiden Name Addie M. FisherMother's  
Birthplace Fredk Co, MdName of person giving  
Information Geo WillhiteHow related  
to deceased Father.

## CAUSES OF DEATH

Primary  
- Ac. Mononucleosis - 150

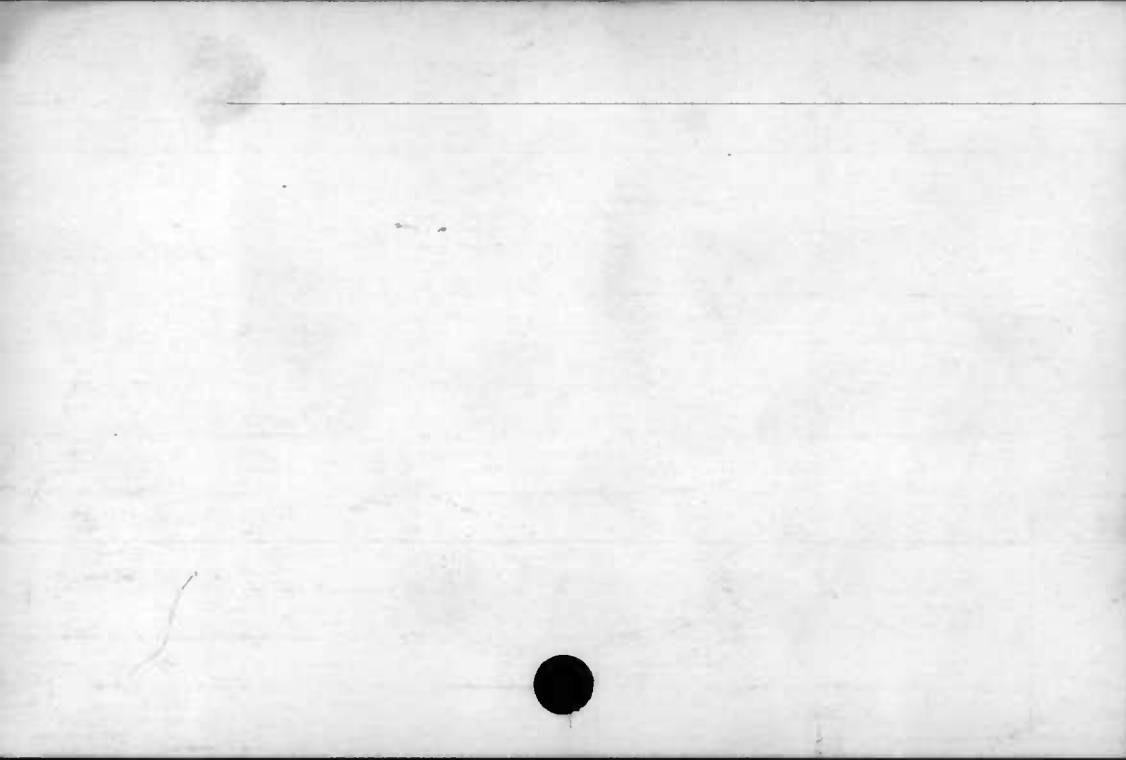
How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above? YesSignature of  
Physician E. C. KepnerAddress  
Shurmont, Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mary Wood.

## CERTIFICATE OF DEATH

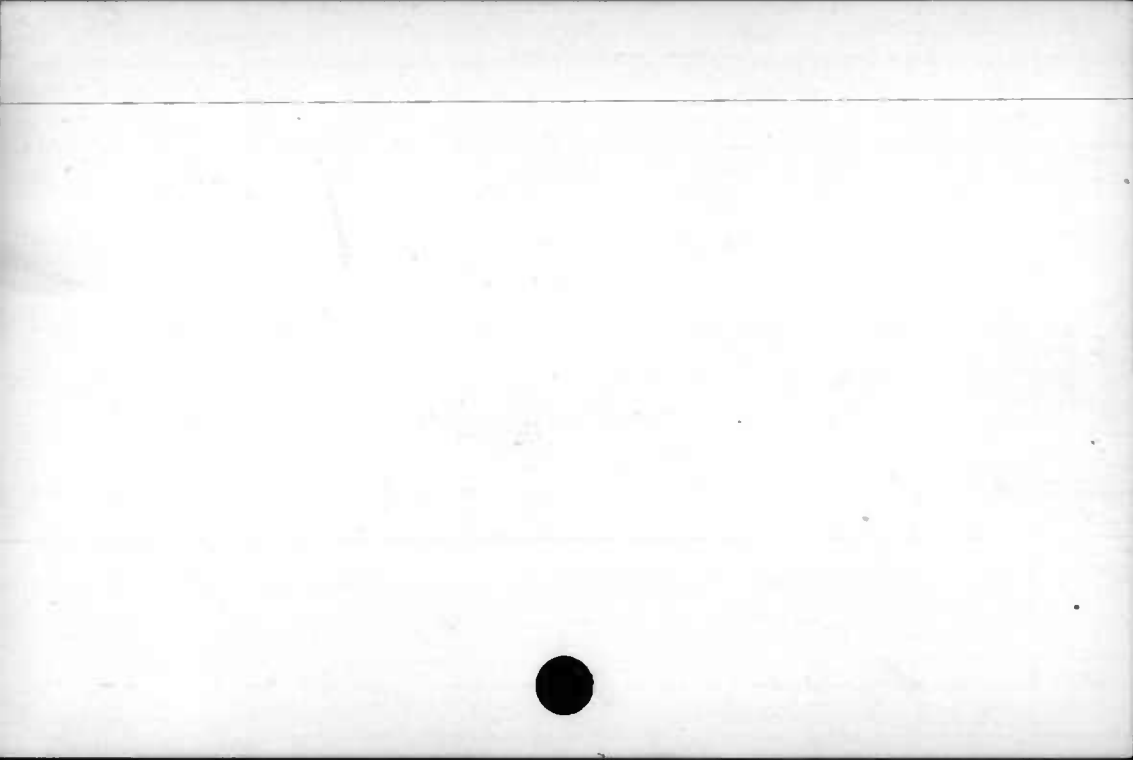
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		32, MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1905		Oct.	16	60			
Sex		Color or Race		Birth-place			
Female		White		Frederick			
Occupation				Where Residing if not at place of death			
Home							
Married, Single or Widowed		Name of Wife or Husband					
Married		Thomas Wood					
Father's Name				Father's Birthplace			
John Walker				Frederick			
Mother's Maiden Name				Mother's Birthplace			
Emma Moxley				Montgomery Co.			
Name of person giving information				How related to deceased			
D. Downey				None			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Schumi	How long	14 years
Immediate	Syncope	How long	10 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		D. Downey	
		Address	
		Frederick	
Accident or Suicide?			



Name  
in  
Full

Mrs Columbia Young

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fredricks</i>		Town <i>Fredricks</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>10</i>	Day <i>16</i>	Age <i>85</i>	Months <i>2</i>	Days <i>—</i>		
Sex <i>Female</i>	Color or Race <i>Wh.</i>		Birth-place <i>md</i>				
Occupation <i>H. W.</i>			Where Residing if not at place of death <i>X</i>				
Married, Single or Widowed		Name of Wife or Husband <i>Henry Young</i>					
Father's Name <i>Mr Buxton</i>			Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Margaret Knoutz</i>			Mother's Birthplace <i>md</i>				
Name of person giving information <i>Jos. A. Gubert</i>			<i>(154)</i>		How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

• PHYSICIAN  
OR CORONER

Primary <i>Herpes Zoster - Senility</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yn</i>	Signature of Physician <i>Chas. F. Gooden md</i>
	Address <i>Fredricks md</i>
Accident or Suicide? <i>no</i>	

